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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. **95**
Registrar's No. **49**

1. Place of Death: (a) County Gravham (b) City or Town Pima (c) Location 66 yrs (St. & No. (or) Name of Institution)
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution 66 yrs; In Community 66 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Gravham (c) City or Town Pima
(If outside city limits also write RURAL)
(d) Street No. 9 (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____ (c) Social Security No. _____
3. (a) FULL NAME Mary Hannah Beal (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex FW 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Aug 26 1870
(Month) (Day) (Year)
8. AGE: Years 76 Months 9 Days 27 If less than one day hrs. _____ min. _____

9. Birthplace New Harmony Utah
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business _____

12. Name John Taylor
13. Birthplace Unknown
(City, town or county) (State or Country)

14. Maiden Name Mary Kelsey
15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Mary T. Beal
(b) Address Pima Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Pima Ariz (c) Date 6/25 1947

18. (a) Embalmer's Signature W. E. Rawson
(b) Funeral Director Safford Ariz
(c) Address Safford Ariz

19. (a) Jay G. 1947
(b) W. H. Stratton
(Date received from Registrar) (Registrar's Signature)
Deputy: C. H. Kopp

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 23, 1947
TIME (Hour and minute) 8:30 A. M.

21. I hereby certify that I attended the deceased from June 17
1947 to June 23, 1947
that I last saw him alive on June 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral aneurysm
probably hemorrhage

Due to _____
Due to _____
Other conditions (Include pregnancy within three months of death) _____
Major findings: Of operations _____
Of autopsy _____

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____

While at work? _____ (a) Means of injury _____

23. Signature W. H. Stratton M. D.
Address Safford Ariz Date signed 6/24/47